SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Agent Print your name and address on the reverse Vogol ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 2-9-5 or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes Robert Frank If YES, enter delivery address below: П No Director of Electric Transmission Engineering Montana-Dakota Utilities Co. 400 North Fourth Street Bismarck, ND 58501 Cert. No. 7020 1810 0000 0894 2332 case no. pu-21-151 3. Service Type □ Priority Mail Express® Adult Signature □ Registered Mail™ □ Adult Signature Restricted Delivery □ Registered Mail Restricted Certified Mail® Delivery 9590 9402 6208 0220 8242 40 □ Certified Mail Restricted Delivery □ Signature Confirmation™ ☐ Signature Confirmation ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Restricted Delivery 7020 1810 0000 0894 2332 ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt 11-21-151

USPS TRACKING# 24 PU-21-151 Filed: 8/12/2021 Pages: 2 Return receipt United States Postal Service 0550 9590 9402 6208 8545 40 **United States** Sender: Please print your name, address, and ZIP+4® in this box® Postal Service D Public Service Commission Attn: Public Utilities Division 000 E. Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480

NORTH DAKOTA

PUBLIC SERVICE COMN

ուսթիիկիսիոնկիրորոնեննին հանկիների